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## Bib Data Sheet

**CONFIRMATION NO. 1696**

|                             |                                       |              |                        |                        |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER<br>10/806,479 | FILING DATE<br>03/23/2004<br><br>RULE | CLASS<br>210 | GROUP ART UNIT<br>1723 | ATTORNEY<br>DOCKET NO. |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|

## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|                                 |  |                        |                     |              |             |                  |
|---------------------------------|--|------------------------|---------------------|--------------|-------------|------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                          | Met after<br>Allowance | STATE OR<br>COUNTRY | SHEETS<br>OH | TOTAL<br>20 | INDEPENDENT<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |                        | DRAWING<br>1        | CLAIMS<br>20 | CLAIMS<br>1 |                  |
| Verified and Acknowledged       | <u>Examiner's Signature</u>  |                        | Initials            |              |             |                  |

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**TITLE**

## Hydrophilic cross-linked polymeric membranes and sorbents

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|---|--|--|
| <b>FILING FEE</b><br><br><b>RECEIVED</b><br>900 | <p>FEES: Authority has been given in Paper<br/>         No. _____ to charge/credit DEPOSIT ACCOUNT<br/>         No. _____ for following:</p> | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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